

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33499**

FILED OCT 1 1952

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8728</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY _____				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>324 Channing</b>			
<b>3. NAME OF DECEASED</b> (Type or Print)		a. (First) <b>Willie</b>		b. (Middle) <b>Mae</b>		c. (Last) <b>Thomas</b>	
<b>4. DATE OF DEATH</b>		Date		(Month) (Day) (Year)		<b>Sept. 9 1952</b>	
<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>Colored</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widow</b>		<b>8. DATE OF BIRTH</b> <b>March 3, 1911</b>	
<b>9. AGE</b> (In years last birthday) <b>41</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>None</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Tennessee</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U S A</b>		<b>13a. FATHER'S NAME</b> <b>Richard Thomas</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Annie Shough</b>		<b>14. NAME OF HUSBAND OR WIFE</b> *****	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Elizabeth Rhodes, 2601 N Whittier St</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Uremia</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Renal Failure</b>  <b>DUE TO (c) None</b>  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>Undet.</b>  <b>n</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from 12-21, 1951, to 9-9, 1952, that I last saw the deceased alive on 9-9, 1952, and that death occurred at 12:40 p.m., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> <i>Charles P. Farde</i> (Degree or title) <b>M.D.</b>				<b>23b. ADDRESS</b> <b>2601 N. Whittier St.</b>		<b>23c. DATE SIGNED</b> <b>9-11-52</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)		<b>24b. DATE</b> <b>9-30-52</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Anatomical Board</b>		<b>24d. LOCATION (City, town, or county) (State)</b> <b>St. Louis, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>SEP 18 1952</b>		<b>REGISTRAR'S SIGNATURE</b> <i>Charles Smith</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Rowland Mortuary Service</b>			
<b>ADDRESS</b> <b>418 1/2 Manchester Ave.</b>							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed\_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address\_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.